

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

01

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

02

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 1 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 1 | 3 | 1 | 2 | 0 | 0 | 7 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2007</span>   |                         | 365524.77                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 365524.77               |                                   |
| (c) Total Receipts (from Line 19) .....  | 209394.39               | 209394.39                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 574919.16               | 574919.16                         |
| 7. Total Disbursements (from Line 31) .....  | 15791.52                | 15791.52                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 559127.64               | 559127.64                         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

To:

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 183440.00                     | 183440.00                         |
| (i) Itemized (use Schedule A) .....  | 24886.55                      | 24886.55                          |
| (ii) Unitemized .....  | 208326.55                     | 208326.55                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤  | 208326.55                     | 208326.55                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 1067.84                       | 1067.84                           |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 209394.39                     | 209394.39                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 209394.39                     | 209394.39                         |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. DISBURSEMENTS   |  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |  |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |  | 0.00                          | 0.00                              |
| (i) Federal Share.....  |  |                               |                                   |
| (ii) Non-Federal Share.....   |  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....   |  | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           |  | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....   |  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          |  | 14000.00                      | 14000.00                          |
| 24. Independent Expenditure (use Schedule E) .....  |  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  |  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....   |  | 0.00                          | 0.00                              |
| 27. Loans Made.....   |  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:  |  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   |  | 0.00                          | 0.00                              |
| (b) Political Party Committees  |  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....   |  | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            |  | 0.00                          | 0.00                              |
| 29. Other Disbursements.....  |  | 1791.52                       | 1791.52                           |
| 30. Federal Election Activity (2 U.S.C 431(20))   |  |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)   |  |                               |                                   |
| (i) Federal Share .....   |  | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....  |  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            |  | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               |  | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        |  | 15791.52                      | 15791.52                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... |  | 15791.52                      | 15791.52                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 208326.55                     | 208326.55                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 208326.55                     | 208326.55                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Merle Edwards

Mailing Address 4110 Cottonwood Dr

City

Eau Claire

State

WI

Zip Code

54701-7417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Edwin Boren, JR

Mailing Address 914 Glen Rose Dr

City

Allen

State

TX

Zip Code

75013-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332837

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Sophia Peterman

Mailing Address 487 Burlington Rd NE

City

Atlanta

State

GA

Zip Code

30307-1103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Radiology Consu-  
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332851

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Richard Kutilek

Mailing Address 1853 S 107th St

City State Zip Code  
 Omaha NE 68124-1065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Center Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR John Melvin

Mailing Address John T Melvin MD & Assoc  
 PO Box 854

City State Zip Code  
 Henderson TX 75653-0854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John T Melvin MD & Assoc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR David Walker

Mailing Address 8040 Woodpecker Trl

City State Zip Code  
 Jacksonville FL 32256-7333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic Jacksonville

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332859

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 128

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Arthur Clark<br>Mailing Address 6323 E Gold Dust Ave<br>City State Zip Code<br>Scottsdale AZ 85253-1239<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>Arizona Medical Imaging Diagnostic Radiologist<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 500.00                        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 0 4 / 2 0 0 7<br><b>Transaction ID: 18332860</b><br>Amount of Each Receipt this Period<br>500.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Donald Paquet<br>Mailing Address Associated Radiologists Ltd<br>1125 E Southern Ave Ste 300<br>City State Zip Code<br>Mesa AZ 85204-5046<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>Self-employed Diagnostic Radiologist<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 700.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 0 4 / 2 0 0 7<br><b>Transaction ID: 18332861</b><br>Amount of Each Receipt this Period<br>700.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR Calvin Leuschen<br>Mailing Address 105 Palo Alto<br>City State Zip Code<br>Boerne TX 78006-5999<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>U TX Hlth Sci Ctr at San Antonio Diagnostic Radiologist<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 500.00                       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 0 4 / 2 0 0 7<br><b>Transaction ID: 18332882</b><br>Amount of Each Receipt this Period<br>500.00 |
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶  |  | 1700.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶  |  |  |



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jeffrey Buran

Mailing Address 84 Spit Fire Dr

City State Zip Code  
 Plattsburgh NY 12901-8521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Assoc. in Radiology PC,  
Plattsburgh, N

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332883

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

DR Peter Markovic

Mailing Address VA Medical Center  
 510 Butler Ave

City State Zip Code  
 Martinsburg WV 25401-9991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332884

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Douglass Conner

Mailing Address 232 W Caldwood Dr

City State Zip Code  
 Beaumont TX 77707-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 7

Transaction ID: 18332885

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

980.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Lillian Cavin

Mailing Address 6409 Landmark Drive

City State Zip Code  
Alexandria LA 71301-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eagle Radiology, LLC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 7

Transaction ID: 18333996

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

DR Randall Loftus

Mailing Address 21 Whitestone Ln

City State Zip Code  
Lancaster NY 14086-1421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 7

Transaction ID: 18334386

Amount of Each Receipt this Period

365.00

**C.** Full Name (Last, First, Middle Initial)

DR Glenn Kaplan

Mailing Address 20941 NE 21st Ct

City State Zip Code  
North Miami Beach FL 33179-1618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sheridan Healthcare

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345425

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Ronald Goldberg

Mailing Address 15 Nichols Rd

City State Zip Code  
 Cohasset MA 02025-1167

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Assoc. of Plymo-  
uth

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Rafia Saleem

Mailing Address 20 Kingston Drive

City State Zip Code  
 Oak Brook IL 60523-1739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345429

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Zubin Balsara

Mailing Address 8309 Canopy Oaks Dr

City State Zip Code  
 Fort Smith AR 72903-7012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiologists P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345431

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Dr. George O. Mead

Mailing Address Putnam Radiolog Pc  
315 N Washington Avenue Suite 209

City State Zip Code  
Cookeville TN 38501-2660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Putnam Radiology, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345434

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Gregory Smith

Mailing Address 7810 Bamby Rd

City State Zip Code  
Cumming GA 30041-8100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quantum Radiology, N.W.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR David Chaffin

Mailing Address 3881 Clairmont Dr NE

City State Zip Code  
Cleveland TN 37312-5124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345437

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Mitchell

Mailing Address 2216 River Woods Drive

City State Zip Code  
 Naperville IL 60565-6350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naperville Radiologist,  
SC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345439

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Ajay Goyal

Mailing Address 8028 Plantation Lakes Dr

City State Zip Code  
 Port Saint Lucie FL 34986-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345441

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Robert Wolek

Mailing Address 31 Dairy Hill Rd

City State Zip Code  
 Madison CT 06443-2491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lourdes Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345443

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Henry Wang<br>Mailing Address 12 Coach Side Ln<br>City State Zip Code<br>Pittsford NY 14534-9413<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Univ of Rochester Medical Ctr<br>Occupation<br>Diagnostic Radiologist<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00       |  | Date of Receipt<br>MM / DD / YYYY<br>01 / 05 / 2007<br><b>Transaction ID:</b> 18345445<br>Amount of Each Receipt this Period<br>250.00  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Steven DePrima<br>Mailing Address 430 Rovino Ave<br>City State Zip Code<br>Coral Gables FL 33156-4261<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Self-employed<br>Occupation<br>Diagnostic Radiologist<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2500.00                 |  | Date of Receipt<br>MM / DD / YYYY<br>01 / 05 / 2007<br><b>Transaction ID:</b> 18345669<br>Amount of Each Receipt this Period<br>2500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR Leah Schafer<br>Mailing Address 128 Congdon St Apt 3<br>City State Zip Code<br>Providence RI 02906-1413<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer<br>Rhode Island Medical Imaging<br>Occupation<br>Diagnostic Radiologist<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |  | Date of Receipt<br>MM / DD / YYYY<br>01 / 05 / 2007<br><b>Transaction ID:</b> 18345670<br>Amount of Each Receipt this Period<br>250.00  |

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Anthony Pappas  
Mailing Address 685 Hazeltine Ave SE

City State Zip Code  
Salem OR 97306-9357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Willamette Valley Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345671

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
DR David Frolich  
Mailing Address PO Box 28590

City State Zip Code  
Macon GA 31221-8590

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Assoc. of Macon

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 18345672

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Cody Cox  
Mailing Address 4702 111th St

City State Zip Code  
Lubbock TX 79424-7359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lubbock Diagnostic Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382102

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR William Green

Mailing Address 2408 Skyline Pt

City State Zip Code  
Jonesboro AR 72404-8079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Radiologist Lt-  
d.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382105

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
DR Timothy Cotter

Mailing Address 818 1/2 Forest Ave Apt B2

City State Zip Code  
Evanston IL 60202-2417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial X-Ray Services

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382144

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Eleanor Smergel

Mailing Address 315 Evans Ave

City State Zip Code  
Haddonfield NJ 08033-3807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tenet Health Corp.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382146

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Kevin CreganMailing Address Wayne Radiologists  
2700 Medical Office PlaceCity State Zip Code  
Goldsboro NC 27534-9460FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Wayne RadiologistsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 0 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18382147

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Lorenz Ramseyer

Mailing Address 11600 W Longhorn Trl

City State Zip Code  
Drummond OK 73735-1099FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Assoc. of EnidOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 0 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18382173

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DR Fredrick Mishkin

Mailing Address 1 Flying Mane Rd

City State Zip Code  
Rolling Hills CA 90274-5238FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 0 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18382174

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Gerald Smidebush

Mailing Address 1500 Meadows Dr

City State Zip Code  
 Lancaster OH 43130-8000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairfield Imaging Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382175

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Richard Huss

Mailing Address 4838 W Corsican Pine Dr

City State Zip Code  
 Appleton WI 54913-6509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Appleton

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382177

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Robert Rienzo

Mailing Address Lehigh Valley Hospital  
1200 S Cedar Crest Blvd

City State Zip Code  
 Allentown PA 18103-6248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Imaging of Lehigh  
Valley

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Gerald Glassberg

Mailing Address 1946 N 13th St Ste 483

City State Zip Code  
 Toledo OH 43624-1264

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Consuting Radiologists Co-  
rp.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382180

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Louis Bujnoch

Mailing Address 2320 Bolsover St

City State Zip Code  
 Houston TX 77005-2612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rose Imaging Specialists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Paul Wozney

Mailing Address 4142 Mariner Blvd Apt 517

City State Zip Code  
 Spring Hill FL 34609-2468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382183

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR David Giles

Mailing Address 3066 S Whitepost Way

City State Zip Code  
 Eagle ID 83616-6461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Alphonsus Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382184

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR William Merenich

Mailing Address 530 Rolling Glen Drive

City State Zip Code  
 Horsham PA 19044-1169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Risole Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382186

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C.** DR Robert Allen

Mailing Address 4715 Willow St

City State Zip Code  
 Bellaire TX 77401-4413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Houston Radiology As-  
sociates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382189

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Rubin

Mailing Address 339 W Streetsboro St

City State Zip Code  
Hudson OH 44236-2748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Children's Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382222

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR Nicholas Spencer

Mailing Address Saint Lukes Hospital  
101 Page St

City State Zip Code  
New Bedford MA 02740-3464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Lukes Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR William Sheils, JR

Mailing Address 16 Seminole Rd

City State Zip Code  
Huntington WV 25705-4124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382224

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Scott Schultz

Mailing Address 5011 Schaefer Rd

City State Zip Code  
 Edina MN 55436-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minneapolis Radiology Ass-  
oc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382227

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

DR James Junker

Mailing Address 16 Fox Meadows

City State Zip Code  
 Saint Louis MO 63127-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scott Radiological Group,  
Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382228

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Michael Milstein

Mailing Address 3335 Brookview Dr

City State Zip Code  
 Eugene OR 97401-1595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Medical Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382229

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Zapolsky

Mailing Address 1449 Knapp St

City

Oshkosh

State

WI

Zip Code

54902-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Fox Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382230

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR Noam Littman

Mailing Address 2166 Moonlight Ct

City

Menasha

State

WI

Zip Code

54952-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Fox Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Philip Trotta

Mailing Address 898 Durrow Dr

City

Saint Louis

State

MO

Zip Code

63141-8835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 18382233

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Veronica Hingle

Mailing Address PO Box 799

City

Lewistown

State

MT

Zip Code

59457-0799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR David Donaldson

Mailing Address 4808 105th St

City

Lubbock

State

TX

Zip Code

79424-5762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lubbock Diagnostic Radiol-  
ogy, LLP

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384096

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Christopher Reisenauer

Mailing Address 3240 N Mountain View Rd

City

Moscow

State

ID

Zip Code

83843-8142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384097

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Robert Gibbs

Mailing Address 611 Quail Creek Rd

City State Zip Code  
 Parsons KS 67357-2257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Robert Charles Gibbs, M.D-  
.. L.L.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384103

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR John Bools

Mailing Address Catawba Radiological Assoc  
 18 13th Ave NE

City State Zip Code  
 Hickory NC 28601-3748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384105

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C.** DR Jeffrey Dunkle

Mailing Address 6671 Boxcar Pl

City State Zip Code  
 Indianapolis IN 46220-1786

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana Radiology Partner-  
s, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384106

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Julia Muskie  
Mailing Address 3909 Underwood St

City State Zip Code  
Chevy Chase MD 20815-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie and  
Merritt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384109

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
DR William Jackson  
Mailing Address 29 Sunset Blvd

City State Zip Code  
Beaufort SC 29907-1465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaufort Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384110

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Charles Kuntz  
Mailing Address 8275 Eagle Ridge Dr

City State Zip Code  
Cincinnati OH 45243-1346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northeast Radiology, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384111

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Eric Hyson  
Mailing Address 1067 Wolf Hill Rd

City State Zip Code  
Cheshire CT 06410-1732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Diagnostic Radiology Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384113

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Daniel DiPrete  
Mailing Address 380 Ocean Rd

City State Zip Code  
Narragansett RI 02882-1390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Imaging Institute

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384117

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Erik Strom  
Mailing Address Selma Community Hospital  
1141 Rose Ave

City State Zip Code  
Selma CA 93662-3293

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384119

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Bonna Rogers-Neufeld

Mailing Address 465 W Bluff Ave

City State Zip Code  
 Fresno CA 93711-6900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sierra Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384120

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)

DR Jeffrey Lund

Mailing Address Mayo Clinic Scottsdale  
 13400 E Shea Blvd

City State Zip Code  
 Scottsdale AZ 85259-5499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mayo Clinic Scottsdale

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384122

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

DR Joseph Accurso

Mailing Address 2801 7th Ave SW

City State Zip Code  
 Austin MN 55912-5522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384123

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Timothy Miller

Mailing Address Good Samaritan Hospital  
375 Dixmyth Avenue

City State Zip Code  
Cincinnati OH 45220-2489

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MXI

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384124

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)

DR Thomas Dumler

Mailing Address 15910 Arkdale Ct

City State Zip Code  
Spring TX 77379-6806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Houston Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384127

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Edward Hobart

Mailing Address 4509 Winged Foot Dr

City State Zip Code  
Hutchinson KS 67502-8016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Professionals  
of Hutchinson

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384130

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Laura Backer

Mailing Address 2930 Squalicum Pkwy Ste 101

City State Zip Code  
 Bellingham WA 98225-1854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384132

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR George Mulopulos

Mailing Address 67 Princeville Ln

City State Zip Code  
 Las Vegas NV 89113-1369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Radiology Consul-  
tants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR S Steve Mera

Mailing Address PO Box 7008

City State Zip Code  
 Redlands CA 92375-0008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Citrus Valley Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384135

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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FOR LINE NUMBER: PAGE 31 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jeffrey Weinreb

Mailing Address 34 Randi Dr

City State Zip Code  
 Madison CT 06443-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale University School of  
Medicine

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384136

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR William Landrum

Mailing Address Mountain Home Radiology Consul  
 PO Box 2008

City State Zip Code  
 Mountain Home AR 72654-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mountain Home Radiology  
Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384296

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Constance Maves

Mailing Address 3100 Carrigan Canyon Dr

City State Zip Code  
 Salt Lake City UT 84109-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pediatric Radiology, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384297

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Charles Hecht-Leavitt

Mailing Address MRI & CT Diagnostics  
4668 Pembroke Blvd Ste 109

City State Zip Code  
Virginia Beach VA 23455-6423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charles Hecht-Leavitt, M.-  
D., P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384300

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Frederic Vanbastelaer

Mailing Address Richmond Radiologist  
35 S 8th St

City State Zip Code  
Richmond IN 47374-5441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Richmond Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384301

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DR Mark Freeman

Mailing Address 640 Hill Road

City State Zip Code  
Brentwood TN 37027-4438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Alliance, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384302

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Timothy E. MooreMailing Address Univ of Nebraska Medical Ctr  
981045 Nebraska Medical CtrCity State Zip Code  
Omaha NE 68198-1045FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of Nebraska Medical  
CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Robert Brown

Mailing Address 2405 Brentwood Dr

City State Zip Code  
Houston TX 77019-3307FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Southwest RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384739

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DR Peter DempseyMailing Address MD Anderson Cancer Ctr  
PO Box 301439City State Zip Code  
Houston TX 77230-1439FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MD Anderson Cancer CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384740

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Paul Dybbro

Mailing Address 815 Walnut Ave

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Burlingame | CA    | 94010-5009 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Kaiser PermanenteOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384741

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

DR Edgar Ferguson

Mailing Address 200 S Rhodes St

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| West Memphis | AR    | 72301-4212 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Outpatient RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384745

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Laura Knight

Mailing Address 526 N Tara Ln

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Wichita | KS    | 67206-1828 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Special Radiology ServicesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384752

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR William Shuman  
Mailing Address 13325 164th Ave NE

City State Zip Code  
Redmond WA 98052-1717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evergreen Hospital Medical  
Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384754

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR J Daniel Hanks, JR  
Mailing Address Rome Radiology Group PA  
1104 Martha Berry Blvd NE

City State Zip Code  
Rome GA 30165-1694

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rome Radiology Group, PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384762

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Ronald Weis

Mailing Address 11720 High Dr

City State Zip Code  
Leawood KS 66211-2226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alliance Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384763

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Kelly McDonough

Mailing Address 3604 Hunters Creek Rd

City State Zip Code  
 Edmond OK 73003-3568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelly McDonough, M.D., P.-  
C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384764

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B.** DR Gordon McLean

Mailing Address The Western Pennsylvania Hosp  
 4800 Friendship Ave

City State Zip Code  
 Pittsburgh PA 15224-1793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Western Pennsylvania  
Hosp

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384765

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Venkata Devineni

Mailing Address De Paul Cancer Care  
 12303 De Paul Dr

City State Zip Code  
 St Louis MO 63044-2588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384771

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1615.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Gregory Weaver  
Mailing Address 210 25th Ave N Ste 602

City State Zip Code  
Nashville TN 37203-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology AllianceOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384772

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
DR Jay Salwen  
Mailing Address 214 Forts Ferry Road

City State Zip Code  
Latham NY 12110-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384780

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Steven Gross  
Mailing Address 2060 W Broad St

City State Zip Code  
Scotch Plains NJ 07076-4755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384782

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Sadashiv Shenoy

Mailing Address 4488 E Overlook Dr

City

Williamsville

State

NY

Zip Code

14221-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Millard Fillmore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384784

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Tony Deeths

Mailing Address 7701 Calle Cerca

City

Bakersfield

State

CA

Zip Code

93309-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Shaun McManimon

Mailing Address Radiology LTD  
677 N Wilmot Rd

City

Tucson

State

AZ

Zip Code

85711-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology LTD

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384802

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Steven Strober

Mailing Address 7500 N Avenida de Lisa

City State Zip Code  
Tucson AZ 85704-7047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384803

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Edward Woolsey

Mailing Address 3770 E Sumo Octavo

City State Zip Code  
Tucson AZ 85718-6042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384804

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Julie Zaetta

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City State Zip Code  
Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384807

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Donald Roach

Mailing Address 10978 N Poinsettia Dr

City State Zip Code  
Tucson AZ 85737-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology LTDOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384808

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Andrew Royster

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City State Zip Code  
Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology LtdOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384809

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Steven Siwik

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City State Zip Code  
Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology, LTDOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384810

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Daniel Stricof

Mailing Address 3512 East Windy Point Drive

City State Zip Code  
Tucson AZ 85718-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384811

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Anthony Lomonaco

Mailing Address 3931 E Coronado Dr

City State Zip Code  
Tucson AZ 85718-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384813

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Wendy McCurdy

Mailing Address 5542 N Paseo Pescado

City State Zip Code  
Tucson AZ 85718-5126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384814

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Mark Peterson

Mailing Address 6100 N Canon del Pajaro

City State Zip Code  
Tucson AZ 85750-1362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384815

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Robert Rauch, II

Mailing Address 6110 N Paseo Zaldivar

City State Zip Code  
Tucson AZ 85750-1294

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384816

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DR Christos Karabinas

Mailing Address 4521 E Swans Nest Rd

City State Zip Code  
Tucson AZ 85718-6247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384817

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Lawrence Kaskowitz

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology, LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384820

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR N Judge King, III

Mailing Address 6370 E Miramist PI

City Tucson State AZ Zip Code 85750-1314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384821

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DR Jae Kim

Mailing Address 4729 E Sunrise Dr Apt 315

City Tucson State AZ Zip Code 85718-4534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384822

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR David Emmerson

Mailing Address 5972 N Coatumundi Dr

City State Zip Code  
Tucson AZ 85750-0906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384823

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

DR Andrew Gyorke

Mailing Address Radiology LTD  
677 N Wilmot Rd

City State Zip Code  
Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384824

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

DR Lindsey Inouye

Mailing Address 5216 N Camino Escuela

City State Zip Code  
Tucson AZ 85718-5017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384828

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR David Jeck

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City State Zip Code  
Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384829

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Bradley Bohnert

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City State Zip Code  
Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DR Richard Boyle, JR

Mailing Address 5660 N Calle Mayapan

City State Zip Code  
Tucson AZ 85718-5135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384831

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Kim Burroughs  
 Mailing Address 4411 N Camino Sumo

City State Zip Code  
 Tucson AZ 85718-7473

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384832

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Taylor Chen  
 Mailing Address Radiology Ltd  
 677 N Wilmot Rd

City State Zip Code  
 Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384835

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Daniel Anavy  
 Mailing Address 6658 N Avenida De Las Palazas

City State Zip Code  
 Tucson AZ 85750-1287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384836

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Boyd Ashdown

Mailing Address 6021 N Desert Moon Ct

City State Zip Code  
Tucson AZ 85750-0924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology LTDOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384837

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Michael Baker

Mailing Address 6541 N Placita Alta Reposa

City State Zip Code  
Tucson AZ 85750-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology LtdOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384838

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Jennifer Bogan

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City State Zip Code  
Tucson AZ 85711-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology, LtdOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18384839

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Robert Pakter

Mailing Address Radiology Ltd  
677 N Wilmot Rd

City Tucson State AZ Zip Code 85711-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384846

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Geoffrey Smith

Mailing Address Casper Medical Imaging  
419 S Washington St

City Casper State WY Zip Code 82601-2991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Casper Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18384855

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** DR Glenn Hananouchi

Mailing Address 1545 E La Quinta Dr

City Fresno State CA Zip Code 93720-4525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sierra Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385079

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Marc Siegel

Mailing Address 701 Club Ridge Ct

City State Zip Code  
 Longwood FL 32779-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waterman Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385080

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR David Rodibaugh

Mailing Address 1 Saint Raphael

City State Zip Code  
 Laguna Niguel CA 92677-2761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385083

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Jerome Barakos

Mailing Address California Pacific Med Center  
 2333 Buchanan St

City State Zip Code  
 San Francisco CA 94115-1995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Pacific Med Ce-  
 nter

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385199

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR James Thesing

Mailing Address 502 N Leavitt Ct

City State Zip Code  
 Daniel Island SC 29492-7571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385200

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Charles Chung

Mailing Address 150 Via Foresta Ln

City State Zip Code  
 Williamsville NY 14221-1983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of North Carolina

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385201

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR David Malamed

Mailing Address Phoenixville Hospital  
140 Nutt Rd

City State Zip Code  
 Phoenixville PA 19460-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385202

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Andrew Kurman

Mailing Address 451 Lake of the Woods Blvd

City State Zip Code  
Akron OH 44333-2791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging Servi-  
ces, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385204

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR David Dowe

Mailing Address 625 Park PI

City State Zip Code  
Absecon NJ 08205-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMI

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385205

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR Mary Greene

Mailing Address 1292 Oakleaf Dr

City State Zip Code  
Dayton OH 45434-8003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dayton Pediatric Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385206

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR J Randall Jester

Mailing Address 5227 Lee Ave

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Downers Grove | IL    | 60515-4303 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-employedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18385207

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

DR Thomas Sullivan

Mailing Address Humana Hospital Clear Lake  
500 Medical Center Blvd

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Webster | TX    | 77598-4220 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SW Radiology AssociationOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18385208

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Michael Grantham

Mailing Address 50591 Glenshire Ct

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Granger | IN    | 46530-4978 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18385213

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Anthony Scuderi

Mailing Address 326 Gardner St

City State Zip Code  
Johnstown PA 15905-2528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385214

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code  
Villanova PA 19085-2132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385215

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR John Cullen Ruff

Mailing Address 3132 17th St N

City State Zip Code  
Arlington VA 22201-5202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fairfax Radiological Consultants, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385219

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Andrew Warheit

Mailing Address 15 Callaway Cir

City State Zip Code  
Loudonville NY 12211-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northeast Medical Imaging  
PC

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385220

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Daniel Wunder

Mailing Address 110 Meadowpointe E

City State Zip Code  
Hendersonville TN 37075-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Diagnostic Imagi-  
ng, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385221

Amount of Each Receipt this Period

365.00

**C.** Full Name (Last, First, Middle Initial)  
DR William Woodruff, III

Mailing Address High Pt Radiological Srv PA  
624 Quaker Ln Ste 117B

City State Zip Code  
High Point NC 27262-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
High Pt Radiological Srv  
PA

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385222

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Daryl Chinn  
Mailing Address 1255 Somerset Lane

City State Zip Code  
Newport Beach CA 92660-5632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Advanced Imaging Medical As

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385225

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Suzanne Slonim  
Mailing Address 4435 Holland Ave

City State Zip Code  
Dallas TX 75219-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palo Alto VA Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385226

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Louis Pacilio  
Mailing Address 503 Audubon Rd

City State Zip Code  
Leeds MA 01053-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northampton Radiologic As-  
soc., Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385227

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR John Hamide  
Mailing Address 4720 Carthage St

City State Zip Code  
Metairie LA 70002-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oschner Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385229

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Michael Rodriguez  
Mailing Address 9A Lana Ln

City State Zip Code  
Houston TX 77027-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Radiology Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385233

Amount of Each Receipt this Period

525.00

**C.** Full Name (Last, First, Middle Initial)  
DR Scott Blumenfeld  
Mailing Address 708 Waltham Ct

City State Zip Code  
El Paso TX 79922-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Imaging Consul-  
tants, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385235

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR William Russell

Mailing Address 9625 Jaquima Rd

City State Zip Code  
 Atascadero CA 93422-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Bradley Dick

Mailing Address Suburban Hospital  
 8600 Old Georgetown Rd

City State Zip Code  
 Bethesda MD 20814-1497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385239

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Marvin Walker

Mailing Address 153 37th St

City State Zip Code  
 Des Moines IA 50312-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 18385240

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Penni Barrett

Mailing Address 5028 E 84th St

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tulsa | OK    | 74137-2000 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Consultants of  
TulsaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18385243

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Robert StanleyMailing Address Univ of AL at Birmingham  
500 S 22nd St Rm 504A

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Birmingham | AL    | 35233-3110 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of Alabama at Birmin-  
ghamOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18396552

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Gary ScottMailing Address Radiology Group  
1722 Pine St Ste 203

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Montgomery | AL    | 36106-1158 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18396553

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Mitchell Travis

Mailing Address 1931 N Main St

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Auburn | IN    | 46706-1053 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18396555

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Kyoung-Soo Bae

Mailing Address 2592 Bloomfield Crossing

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Bloomfield Hills | MI    | 48304-1708 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Saratoga General HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18396556

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR David Plone

Mailing Address 10243 North 99th St

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Scottsdale | AZ    | 85258-4713 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medical Diagnostic Imaging  
GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18396557

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Josie Schmid Timm

Mailing Address 21 West Lane

City State Zip Code  
Houston TX 77019-1007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Richard Eiser

Mailing Address 810 Douglas St

City State Zip Code  
Alexandria MN 56308-1735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RDR

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434030

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Marc Gollub

Mailing Address 44 W 62nd St Apt 26A

City State Zip Code  
New York NY 10023-7013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mem Sloan-Kettering Cancer  
Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434033

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Drew Lambert  
Mailing Address 3311 S Massachusetts St

City State Zip Code  
Seattle WA 98144-4029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Group Health Cooperative

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434034

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Sandra Arroyo-Ferrer  
Mailing Address PO Box 876

City State Zip Code  
Mayaguez PR 00681-0876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434258

Amount of Each Receipt this Period

365.00

**C.** Full Name (Last, First, Middle Initial)  
DR Donald Schumacher  
Mailing Address 1596 Hodgson Rd

City State Zip Code  
Whitefish MT 59937-8417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwest Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434259

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Michael Lee

Mailing Address 804 Lakeridge Dr

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Keller | TX    | 76248-8409 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Envision RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18434260

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B.** DR Scott MillerMailing Address Major Hospital  
150 W Washington St

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Shelbyville | IN    | 46176-1265 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
X-Ray Physicians of ShelbyvilleOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18434445

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR George Heard, JR

Mailing Address 1190 Sequoya Trail

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Columbia | TN    | 38401-8411 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18434449

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Edward Bruno

Mailing Address 25654 W Plantation Rd

City State Zip Code  
 Plainfield IL 60586-8257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joliet Radiological, S.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434450

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Walter Holloman

Mailing Address 65 Meadowbrook Country Club Est

City State Zip Code  
 Ballwin MO 63011-1697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434666

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Gregory Connor

Mailing Address 628 W Home Ave

City State Zip Code  
 Hartsville SC 29550-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Byerly Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434668

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR W Caldwell Sims

Mailing Address 1902 Royalty Dr Ste 180

City State Zip Code  
Pomona CA 91767-3012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Renaissance Radiology Med-  
ical Group, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Richard Stiles

Mailing Address 2461 Fawn Ridge

City State Zip Code  
Stone Mountain GA 30087-1213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlanta Radiology Consult-  
ants, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DR Paul Parsons

Mailing Address Sacramento Rad Med Group  
3291 Ramos Cir

City State Zip Code  
Sacramento CA 95827-2516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sacramento Rad Med Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18434864

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Joshua Abramowitz

Mailing Address 72 Saint Stephens School Rd

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Austin | TX    | 78746-2524 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Austin Radiological Assoc-  
iatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: 18488842

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Michael Aronoff

Mailing Address 9609 Tobrina Ln

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Austin | TX    | 78759-7708 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Austin Radiological AssocOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: 18488843

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Sarah Avery

Mailing Address 3206 Glenview Ave

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Austin | TX    | 78703-1445 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Austin Radiological Assoc-  
iationOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: 18488844

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR William Banks  
Mailing Address 10909 Range View Dr

City State Zip Code  
Austin TX 78730-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 8 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18488845

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Lori Barr  
Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 250

City State Zip Code  
Austin TX 78759-5873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological AssocOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 8 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18488846

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Hillel Ben-Avi  
Mailing Address 4501 Spanish Oak Trl

City State Zip Code  
Austin TX 78731-5217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 8 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18488849

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Bradley Brenner

Mailing Address Austin Radiological Association  
10900 Stonelake Blvd Ste 250

City State Zip Code  
Austin TX 78759-5873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488850

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Lauren Brown

Mailing Address Austin Radiological Associates  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488851

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Chris Butschek

Mailing Address Austin Radiological Assoc  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488852

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Gregory Connor

Mailing Address 2909 Cherry Ln

City State Zip Code  
 Austin TX 78703-2821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488853

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Newell Dutton

Mailing Address 3400 Stratford Hills Lane

City State Zip Code  
 Austin TX 78746-4687

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488855

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR David Feldman

Mailing Address Austin Radiological Assoc  
 10900 Stonelake Blvd Ste 100

City State Zip Code  
 Austin TX 78759-5826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488856

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Thomas Fletcher

Mailing Address 2206 E Windsor Rd

City State Zip Code  
 Austin TX 78703-3119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488857

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR David Goldblatt

Mailing Address PO Box 4099

City State Zip Code  
 Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488858

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Mark Gray

Mailing Address 3007 Stratford Drive

City State Zip Code  
 Austin TX 78746-4650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488859

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Michael Gunlock

Mailing Address 4500 Steiner Ranch Blvd Apt 1414

City State Zip Code  
 Austin TX 78732-2324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488861

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Larry Hill

Mailing Address Austin Radiological Assoc  
 PO Box 4099

City State Zip Code  
 Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488862

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Ronald Hoelscher

Mailing Address 4601 Elohi Dr

City State Zip Code  
 Austin TX 78746-1642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488863

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR John Hogg  
 Mailing Address 1404 Wild Cat Holw

City State Zip Code  
 Austin TX 78746-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Austin Radiological Assoc-  
 iates

Occupation  
 Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488864

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Barry Horowitz  
 Mailing Address 2020 Cerca Viejo Way

City State Zip Code  
 Austin TX 78746-7384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Austin Radiological Assoc-  
 iation

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488865

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Connie Hsu  
 Mailing Address Austin Radiological Association  
 10900 Stonelake Blvd Ste 250

City State Zip Code  
 Austin TX 78759-5873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Austin Radiological Assoc-  
 iation

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488866

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Kent Ibanez

Mailing Address 3701 Josh Ln

City State Zip Code  
 Austin TX 78730-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488867

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

DR Ravi Jhaveri

Mailing Address Austin Radiological Assoc  
 10900 Stonelake Blvd Ste 100

City State Zip Code  
 Austin TX 78759-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488868

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

DR Gregory Karnaze

Mailing Address PO Box 5749

City State Zip Code  
 Austin TX 78763-5749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488869

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 73 / 128

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |             |   |
|---|-------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR John Kish   |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7 |
| Mailing Address 3608 Travis Country Circle  |             |   |
| City<br>Austin  | State<br>TX | Zip Code<br>78735-6106  |
| FEC ID number of contributing federal political committee.<br>C   |             | <b>Transaction ID:</b> 18488870                               |
| Name of Employer<br>Austin Radiological Association   |             | Amount of Each Receipt this Period<br>1000.00                 |
| Occupation<br>Diagnostic Radiologist  |             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1000.00                           |

|   |             |   |
|---|-------------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Jeffrey Lava  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7 |
| Mailing Address 4701 Ridge Oak Dr   |             |   |
| City<br>Austin  | State<br>TX | Zip Code<br>78731-4723  |
| FEC ID number of contributing federal political committee.<br>C   |             | <b>Transaction ID:</b> 18488871                               |
| Name of Employer<br>Austin Radiological Association   |             | Amount of Each Receipt this Period<br>1000.00                 |
| Occupation<br>Diagnostic Radiologist  |             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1000.00                           |

|   |             |   |
|---|-------------|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR John Leahy  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 7 |
| Mailing Address Austin Radiological Association<br>10900 Stonelake Blvd Ste 100   |             |   |
| City<br>Austin  | State<br>TX | Zip Code<br>78759-5826  |
| FEC ID number of contributing federal political committee.<br>C   |             | <b>Transaction ID:</b> 18488872                               |
| Name of Employer<br>Austin Radiological Association   |             | Amount of Each Receipt this Period<br>1000.00                 |
| Occupation<br>Diagnostic Radiologist  |             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>1000.00                           |

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR David Leake

Mailing Address 6114 Mountainclimb Dr

City State Zip Code  
 Austin TX 78731-3824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488873

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Marcus Lines

Mailing Address 7 Ehrlich Road

City State Zip Code  
 Austin TX 78746-3110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488874

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Gael Joan Lonergan

Mailing Address 2327 N Cuernavaca Drive Apt. B1

City State Zip Code  
 Austin TX 78733-2109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488875

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR John Manning

Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 100

City State Zip Code  
Austin TX 78759-5826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488906

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Michael Martin

Mailing Address Austin Radiological Assn  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488907

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Anthony Masaryk

Mailing Address Austin Radiological Assoc  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488908

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Curtis McClurg

Mailing Address 2607 Stratford Dr

City State Zip Code  
Austin TX 78746-4622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488909

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Mark McLelland

Mailing Address PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488910

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gunar G. Mezaraups

Mailing Address 2463 Westlake Drive

City State Zip Code  
Austin TX 78746-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488913

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Andrea Michel

Mailing Address 10816 Broken Brook Cove

City State Zip Code  
 Austin TX 78726-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488914

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Robert Milman

Mailing Address 6409 Williams Ridge Way

City State Zip Code  
 Austin TX 78731-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488915

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Elizabeth Moorehead

Mailing Address 8206 Sandalwood Cove

City State Zip Code  
 Austin TX 78757-7522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488916

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR James Moyle

Mailing Address 200 W 32nd St

City State Zip Code  
 Austin TX 78705-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488917

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Jason Naples

Mailing Address 6621 N Los Leones Dr

City State Zip Code  
 Tucson AZ 85718-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488919

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR David Nichols

Mailing Address 4507 River Wood Court

City State Zip Code  
 Austin TX 78731-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488920

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Debra Pennington

Mailing Address 2721 Bartons Bluff Ln

City State Zip Code  
 Austin TX 78746-7988

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488921

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR F Pfeifer, II

Mailing Address 9431 Bing Cherry Ln

City State Zip Code  
 Austin TX 78750-3412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488922

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Wilbert Polson

Mailing Address 2403 Camino Alto

City State Zip Code  
 Austin TX 78746-2406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488923

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Russell Putnam  
 Mailing Address 12243 Trautwein Rd

City State Zip Code  
 Austin TX 78737-9365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Austin Radiological Assoc-  
 iation

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488924

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Yvonne Queralt  
 Mailing Address Austin Radiological Association  
 10900 Stonelake Blvd Ste 100

City State Zip Code  
 Austin TX 78759-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Austin Radiological Assoc-  
 iation

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488925

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Andrew Reifsnyder  
 Mailing Address Austin Radiological Assoc  
 10900 Stonelake Blvd Ste 100

City State Zip Code  
 Austin TX 78759-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Austin Radiological Assoc

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488926

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Christopher Richards

Mailing Address Austin Radiological Assoc  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488937

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Dan Richardson

Mailing Address 8616 Mendocino Dr

City State Zip Code  
Austin TX 78735-1423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488938

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Will Rodriguez

Mailing Address 1036 Liberty Park Apt 53

City State Zip Code  
Austin TX 78746-7025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologists

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488939

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR John Rutledge

Mailing Address Austin Radiological Assoc  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488940

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

DR Rodney Schmidt

Mailing Address 1938 Holly Hill Dr Apt 13

City State Zip Code  
Austin TX 78746-7653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488941

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

DR Christopher Swanson

Mailing Address 1104 Blanco St

City State Zip Code  
Austin TX 78703-4920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488944

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Gabrielle Theriault

Mailing Address 8114 Talbot Ln

City State Zip Code  
Austin TX 78746-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488945

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

DR Eugene Tong

Mailing Address 9801 Stonelake Blvd Apt 138

City State Zip Code  
Austin TX 78759-6593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488946

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

DR Anthony Trevino

Mailing Address 6802 Finklea Cove

City State Zip Code  
Austin TX 78730-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488947

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Simon Trubek  
Mailing Address 4108 Firstview Dr

City State Zip Code  
Austin TX 78731-3904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488948

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Binh Truong  
Mailing Address Austin Radiological Associates  
PO Box 4099

City State Zip Code  
Austin TX 78765-4099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488955

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Mary Winsett  
Mailing Address 3405 Northwood Cir

City State Zip Code  
Austin TX 78703-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Radiological Assoc-  
iation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488956

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Charles Wiseman

Mailing Address Austin Radiological Assoc  
10900 Stonelake Blvd Ste 250

City State Zip Code  
Austin TX 78759-5873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488957

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Rajeev Shah

Mailing Address 1751 Babcock Rd Apt 835

City State Zip Code  
San Antonio TX 78229-4688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Austin Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18488958

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Kenneth Mendelson

Mailing Address 703 Westover Ave

City State Zip Code  
Norfolk VA 23507-1622

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Children's Hospital of the  
King's Daug

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 18489999

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |  |   |  |
|---|--|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Ronald Baxter   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |  |
| Mailing Address Radiology Associates<br>716 Quincy St   |  | <b>Transaction ID:</b> 18571752                                 |  |
| City State Zip Code<br>Rapid City SD 57701-3632   |  | Amount of Each Receipt this Period<br>598.20                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Radiology Associates<br>Occupation Diagnostic Radiologist  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>598.20                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Brian Baxter  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |  |
| Mailing Address 9151 Clarkson Rd  |  | <b>Transaction ID:</b> 18571753                                 |  |
| City State Zip Code<br>Rapid City SD 57702-9193   |  | Amount of Each Receipt this Period<br>598.18                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Radiology Associates<br>Occupation Diagnostic Radiologist  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>598.18                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR Timothy Frost   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |  |
| Mailing Address 7660 Elkhart Rd   |  | <b>Transaction ID:</b> 18571754                                 |  |
| City State Zip Code<br>Rapid City SD 57702-4793   |  | Amount of Each Receipt this Period<br>598.18                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Radiology Associates<br>Occupation Diagnostic Radiologist  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>598.18                              |  |

**SUBTOTAL** of Receipts This Page (optional) .....

1794.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Robert Durst, JR

Mailing Address 3840 Ponderosa Ct

City State Zip Code  
 Rapid City SD 57702-6964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571755

Amount of Each Receipt this Period

598.18

B. Full Name (Last, First, Middle Initial)

DR Rebecca Belsaas

Mailing Address 1519 Forest Hills Dr

City State Zip Code  
 Rapid City SD 57701-4449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571756

Amount of Each Receipt this Period

598.18

C. Full Name (Last, First, Middle Initial)

DR Thomas Habbe

Mailing Address 13891 Clydesdale Rd

City State Zip Code  
 Rapid City SD 57702-7339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571777

Amount of Each Receipt this Period

598.18

**SUBTOTAL** of Receipts This Page (optional) .....

1794.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Dennis Nesbit  
Mailing Address 2716 Country Club Dr

City State Zip Code  
Rapid City SD 57702-5215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571778

Amount of Each Receipt this Period

598.18

**B.** Full Name (Last, First, Middle Initial)  
DR Jon Stenberg  
Mailing Address 403 N Berry Pine Road

City State Zip Code  
Rapid City SD 57702-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571779

Amount of Each Receipt this Period

598.18

**C.** Full Name (Last, First, Middle Initial)  
DR Gregory Saffell  
Mailing Address 3981 Forest Park Cir

City State Zip Code  
Rapid City SD 57702-6927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571780

Amount of Each Receipt this Period

598.18

**SUBTOTAL** of Receipts This Page (optional) .....

1794.54

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Janet Shaefer

Mailing Address PO Box 1574

City State Zip Code  
 Rapid City SD 57709-1574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571781

Amount of Each Receipt this Period

598.18

**B.** Full Name (Last, First, Middle Initial)

DR William Zavitz

Mailing Address 3980 Corral Dr

City State Zip Code  
 Rapid City SD 57702-9283

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates, LLC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571796

Amount of Each Receipt this Period

598.18

**C.** Full Name (Last, First, Middle Initial)

DR Josie Alpers

Mailing Address 6609 E Split Rock Cir

City State Zip Code  
 Sioux Falls SD 57110-1306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med X-Ray

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.43

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571797

Amount of Each Receipt this Period

333.43

**SUBTOTAL** of Receipts This Page (optional) .....

1529.79

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Joseph Baka  
Mailing Address 5104 S Daffodil Cir

City State Zip Code  
Sioux Falls SD 57108-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray CenterOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18571798

Amount of Each Receipt this Period

333.33

**B.** Full Name (Last, First, Middle Initial)  
DR Matthew Casey  
Mailing Address 209 W Saint Andrews Dr

City State Zip Code  
Sioux Falls SD 57108-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med X-Ray Center, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18571799

Amount of Each Receipt this Period

333.33

**C.** Full Name (Last, First, Middle Initial)  
DR David Bean  
Mailing Address 2301 W Barrington Cir

City State Zip Code  
Sioux Falls SD 57108-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med X-Ray Center, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18571800

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional) .....

999.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Sabina Choudhry

Mailing Address Medical X-Ray  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1783

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med X-Ray Center, P.C.

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571801

Amount of Each Receipt this Period

333.33

**B.** Full Name (Last, First, Middle Initial)  
DR Thomas Cink

Mailing Address Medical X-Ray Center PC  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1783

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med X-Ray Center, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571802

Amount of Each Receipt this Period

333.33

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel Crosby

Mailing Address 305 W Spyglass Drive

City State Zip Code  
Sioux Falls SD 57108-6412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med X-Ray Center, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571803

Amount of Each Receipt this Period

333.33

**SUBTOTAL** of Receipts This Page (optional) .....

999.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 128

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Edward CzarnieckiMailing Address Medical X-Ray Center  
1417 S Minnesota AveCity State Zip Code  
Sioux Falls SD 57105-1715FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Med X-Ray Center, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18571804

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

**B.** DR Susan Duffek

Mailing Address 5501 S Spyglass Cir

City State Zip Code  
Sioux Falls SD 57108-6405FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Med X-Ray Center, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18571805

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

**C.** DR Valdis Dzintars

Mailing Address 1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1715FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Med X-Ray Center, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18571809

Amount of Each Receipt this Period

333.33

**SUBTOTAL** of Receipts This Page (optional) .....

999.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kirsten Erickson

Mailing Address Medical X-Ray Center  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571810

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

B. DR Gary Famestad

Mailing Address Medical X-Ray Center  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med X-Ray Center, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571811

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

C. DR Charles Flohr

Mailing Address 723 E Greenbrier Pl

City State Zip Code  
Sioux Falls SD 57108-6421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571812

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional) .....

999.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Thomas Free  
 Mailing Address 3551 S Spencer Blvd

City State Zip Code  
 Sioux Falls SD 57103-4654

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical X-Ray CenterOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571813

Amount of Each Receipt this Period

333.33

**B.** Full Name (Last, First, Middle Initial)  
 DR Christopher Gregory  
 Mailing Address 139 W Doral Ct

City State Zip Code  
 Sioux Falls SD 57108-6413

FEC ID number of contributing federal political committee.

C

Name of Employer  
Med X-Ray Center, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571814

Amount of Each Receipt this Period

333.33

**C.** Full Name (Last, First, Middle Initial)  
 DR John Griffin  
 Mailing Address Medical X-Ray Center  
 1417 South Minnesota Avenue

City State Zip Code  
 Sioux Falls SD 57105-1783

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical X-Ray CenterOccupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571815

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional) .....

999.99

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |  |   |  |
|---|--|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Michael Kihne   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |  |
| Mailing Address Medical X-Ray Center<br>1417 S Minnesota Ave  |  | <b>Transaction ID:</b> 18571816                                 |  |
| City State Zip Code<br>Sioux Falls SD 57105-1715  |  | Amount of Each Receipt this Period<br>333.33                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Medical X-Ray Center   |  | Occupation Diagnostic Radiologist                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>333.33                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Thomas Masterson  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |  |
| Mailing Address 700 W Chicory Cir   |  | <b>Transaction ID:</b> 18571817                                 |  |
| City State Zip Code<br>Sioux Falls SD 57108-2831  |  | Amount of Each Receipt this Period<br>333.33                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Medical X-Ray Center   |  | Occupation Diagnostic Radiologist                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>333.33                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR Steven McGraw   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |  |
| Mailing Address 27209 Fountain Cir  |  | <b>Transaction ID:</b> 18571818                                 |  |
| City State Zip Code<br>Harrisburg SD 57032-8122   |  | Amount of Each Receipt this Period<br>333.33                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Med X-Ray Center, P.C.   |  | Occupation Radiation Oncologist                                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>333.33                              |  |

**SUBTOTAL** of Receipts This Page (optional) .....

999.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Patrick Nelson

Mailing Address Medical X-Ray Center PC  
1417 S Minnesota AveCity State Zip Code  
Sioux Falls SD 57105-1783FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray Center PCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571821

Amount of Each Receipt this Period

333.33

B. Full Name (Last, First, Middle Initial)

DR Matthew Pardy

Mailing Address 1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1715FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med X-Ray Center, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571822

Amount of Each Receipt this Period

333.33

C. Full Name (Last, First, Middle Initial)

DR Brad Paulson

Mailing Address Medical X-Ray Center  
1417 S Minnesota AveCity State Zip Code  
Sioux Falls SD 57105-1783FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray CenterOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571823

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional) .....

999.99

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Daryl Rife  
 Mailing Address 5705 S Shadow Ridge Ave

City State Zip Code  
 Sioux Falls SD 57108-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Med X-Ray Center, P.C.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571824

Amount of Each Receipt this Period

333.33

**B.** Full Name (Last, First, Middle Initial)  
 DR Robert Schmall  
 Mailing Address 3000 S Saint Francis Ln

City State Zip Code  
 Sioux Falls SD 57103-4666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Med X-Ray Center, P.C.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571825

Amount of Each Receipt this Period

333.33

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Kathleen L. Schneekloth  
 Mailing Address 2005 S Pendar Lane

City State Zip Code  
 Sioux Falls SD 57105-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Medical X-Ray Center, P.C.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571827

Amount of Each Receipt this Period

333.33

**SUBTOTAL** of Receipts This Page (optional) .....

999.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Andrew Soye

Mailing Address Medical X-Ray Center  
1417 S Minnesota Ave

City State Zip Code  
Sioux Falls SD 57105-1783

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical X-Ray Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571828

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

**B.** DR Cameron Stokka

Mailing Address 2716 E Old Orchard Trail

City State Zip Code  
Sioux Falls SD 57103-4356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical X-Ray Center, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571829

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

**C.** DR Randal Welter

Mailing Address 1004 E Tomar Rd

City State Zip Code  
Sioux Falls SD 57105-7010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical X-Ray Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571830

Amount of Each Receipt this Period

333.33

**SUBTOTAL** of Receipts This Page (optional) .....

999.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |                                      |   |
|---|--------------------------------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Daryl Wierda  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7                 |
| Mailing Address Medical X-Ray Center<br>1417 South Minnesota Avenue   |                                      | <b>Transaction ID:</b> 18571831<br>Amount of Each Receipt this Period<br>333.33 |
| City State Zip Code<br>Sioux Falls SD 57105-1783  |                                      |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |   |
| Name of Employer<br>Medical X-Ray Center  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>333.33   |   |

|   |                                      |   |
|---|--------------------------------------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Terry Yeager  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7                 |
| Mailing Address 405 E Saint Andrews Dr  |                                      | <b>Transaction ID:</b> 18571834<br>Amount of Each Receipt this Period<br>333.33 |
| City State Zip Code<br>Sioux Falls SD 57108-6415  |                                      |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |   |
| Name of Employer<br>Medical X-Ray Center, P.C.  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>333.33   |   |

|   |                                      |   |
|---|--------------------------------------|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR Polly Hansen  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7                 |
| Mailing Address 220 Robledo Verde St  |                                      | <b>Transaction ID:</b> 18571883<br>Amount of Each Receipt this Period<br>250.00 |
| City State Zip Code<br>San Antonio TX 78232-1114  |                                      |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |   |
| Name of Employer<br>M&S Imaging Associates  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

**SUBTOTAL** of Receipts This Page (optional) .....

916.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Lisa Bladt<br>Mailing Address NE Methodist Hospital<br>8303 Dodge St<br>City Omaha State NE Zip Code 68114-4199<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Radiology Center Inc. Occupation Diagnostic Radiologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7<br><b>Transaction ID: 18571939</b><br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Patricia Davis<br>Mailing Address 1017 Castle Falls Dr NE<br>City Atlanta State GA Zip Code 30329-4117<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer The Emory Clinic Occupation Diagnostic Radiologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00               |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7<br><b>Transaction ID: 18571940</b><br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR Kent Powley<br>Mailing Address 1431 Seymour Ct<br>City Neenah State WI Zip Code 54956-4975<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00           |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7<br><b>Transaction ID: 18571941</b><br>Amount of Each Receipt this Period<br>250.00 |

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Anthony Hein

Mailing Address 25 Camden Pl

City State Zip Code  
Corpus Christi TX 78412-2612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571943

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
DR Layne Clemenz

Mailing Address 725 River Rd

City State Zip Code  
Columbia SC 29212-8809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lexington Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571962

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Donald Prior

Mailing Address 627 Wildwood Dr

City State Zip Code  
Greenville MS 38701-6980

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Prior Radiology Services

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18571965

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Penni Barrett

Mailing Address 5028 E 84th St

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Tulsa | OK    | 74137-2000 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Consultants of  
TulsaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18578711

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

DR Marc Soble

Mailing Address 9610 Lineberger Ct

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Brentwood | TN    | 37027-8470 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ADI - NashvilleOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18578714

Amount of Each Receipt this Period

365.00

**C.** Full Name (Last, First, Middle Initial)

DR Charles Tate, III

Mailing Address 1090 SW 15th St

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Boca Raton | FL    | 33486-6858 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiologists of N. Ft. La-  
uderdale, PAOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18578715

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Lorna Sohn Sohn Williams  
 Mailing Address 16129 Bristol Pointe Dr

City State Zip Code  
 Delray Beach FL 33446-2357

FEC ID number of contributing federal political committee.

C

Name of Employer  
University of FloridaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18578716

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Linda Brown  
 Mailing Address 3360 Bridle Run Trl NW

City State Zip Code  
 Marietta GA 30064-1788

FEC ID number of contributing federal political committee.

C

Name of Employer  
Quantum Radiology Northwe-  
stOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18579321

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
 DR John Renz  
 Mailing Address Mobile Infirmary Medical Center  
 PO Box 2144

City State Zip Code  
 Mobile AL 36652-2144

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mobile Infirmary Medical  
CenterOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18579323

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Anthony Rizzo

Mailing Address 647 Key Royale Dr

City

Holmes Beach

State

FL

Zip Code

34217-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stoutamyer, Stratos, Schr-  
oeder, Whaley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18579324

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Emilio Torres-Reyes

Mailing Address 806 Calle Marginal Urb Round Hls

City

Trujillo Alto

State

PR

Zip Code

00976-2739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18579903

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Stuart Singer

Mailing Address Crouse Irving Memorial Hosp  
736 Irving Avenue

City

Syracuse

State

NY

Zip Code

13210-1690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crouse Irving Memorial Ho-  
sp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18579906

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR William Wallace  
Mailing Address 2317 Raintree St NE

City State Zip Code  
Canton OH 44705-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Canton

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18579908

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Leanne Seeger  
Mailing Address David Geffen School of Med UCLA  
200 UCLA Medical Plz Ste 165 57

City State Zip Code  
Los Angeles CA 90095-6952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCLA School of Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18580605

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Joel Dunnington  
Mailing Address MD Anderson Cancer Center  
1515 Holcombe Blvd

City State Zip Code  
Houston TX 77030-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MD Anderson Cancer Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: 18580607

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Marvin Rawitch

Mailing Address 24100 D El Toro Rd Ste 69

City State Zip Code  
 Laguna Woods CA 92637-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marvin A. Rawitch, M.D.,  
Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18580608

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Howard Ansel

Mailing Address 8310 Cedar Lake Rd S

City State Zip Code  
 Saint Louis Park MN 55426-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota  
Physicians

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18580609

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Charles Perme

Mailing Address 800 Apple Hill Rd

City State Zip Code  
 Cincinnati OH 45228-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson Radiology Associ-  
ates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 7

Transaction ID: 18580611

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |                                      |   |
|---|--------------------------------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Ross Golding  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 1 9 / 2 0 0 7 |
| Mailing Address Reno Diagnostic Center<br>590 Eureka Ave  |                                      | <b>Transaction ID:</b> 18580896                               |
| City Reno   | State NV                             | Amount of Each Receipt this Period<br>1000.00                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |   |
| Name of Employer<br>Reno Diagnostic Center  | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00  |   |

|   |                                      |   |
|---|--------------------------------------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Herman Flink  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 5 / 2 0 0 7 |
| Mailing Address 6454 Dora Drive   |                                      | <b>Transaction ID:</b> 18672768                               |
| City Mount Dora   | State FL                             | Amount of Each Receipt this Period<br>250.00                  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |   |
| Name of Employer<br>Self-Employed   | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

|   |                                      |   |
|---|--------------------------------------|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR Joseph Rusnak   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 5 / 2 0 0 7 |
| Mailing Address 2725 Eldridge Road  |                                      | <b>Transaction ID:</b> 18672770                               |
| City East Aurora  | State NY                             | Amount of Each Receipt this Period<br>250.00                  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |   |
| Name of Employer<br>Self-Employed   | Occupation<br>Diagnostic Radiologist |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Gerald McManus

Mailing Address 501 NW 47th St

City State Zip Code  
 Kansas City MO 64116-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672771

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Mark McVee

Mailing Address PO Box 4426

City State Zip Code  
 Soldotna AK 99669-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Peninsula General  
Hosp

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672774

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Norman Crocker

Mailing Address 1387 S Hametown Rd

City State Zip Code  
 Copley OH 44321-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology and Imaging Ser-  
vices, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR John Breckenridge

Mailing Address Abington Memorial Hospital  
1200 Old York Rd

City State Zip Code  
Abington PA 19001-3788

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abington Memorial Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672776

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Denise Collins

Mailing Address 2813 Amberly Ln

City State Zip Code  
Troy MI 48084-2689

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Henry Ford Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Vincent Fennell

Mailing Address 137 Saddlebow Rd

City State Zip Code  
Bell Canyon CA 91307-1039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northridge Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672786

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Justine Dautenhahn

Mailing Address 1809 Drury Ln

City

Oklahoma City

State

OK

Zip Code

73116-5311

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Norman Radiology Services,  
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18672787

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Richard PearceMailing Address Catawba Radiological Assoc Inc  
PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Catawba Radiological Assoc  
Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18672789

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Carlton Sexton

Mailing Address 600 Chestnut Ave

City

Towson

State

MD

Zip Code

21204-3707

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Union Memorial Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18672792

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Keith Ferguson  
 Mailing Address 4211 Winding Vine Ct

City State Zip Code  
 Brandon FL 33511-3015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
West Florida

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672793

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Daniel Cohen  
 Mailing Address 1480 Brookfield Road

City State Zip Code  
 Yardley PA 19067-3930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Affiliates of  
Central NJ

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672812

Amount of Each Receipt this Period

365.00

**C.** Full Name (Last, First, Middle Initial)  
 DR George Erbacher  
 Mailing Address 3211 West 73rd St

City State Zip Code  
 Tulsa OK 74132-2206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Diagnostic Imaging Associ-  
ates Inc.

Occupation  
Interventional Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672813

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Timothy PropeckMailing Address Radiologic Imaging Consultants  
220 Compass Point DrCity State Zip Code  
Saint Charles MO 63301-4405FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiologic Imaging Consul-  
tantsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18672814

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Julie Timins

Mailing Address 20 Footes Ln

City State Zip Code  
Morristown NJ 07960-6356FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18672816

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C.** DR Geoffrey IbbottMailing Address MD Anderson Cancer Center  
7515 S Main St Ste 300City State Zip Code  
Houston TX 77030-4551FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UT MD Anderson Cancer Cen-  
terOccupation  
Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18672821

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Timothy Seline  
Mailing Address W6243 Firelane 9

City State Zip Code  
Menasha WI 54952-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Fox Valley

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672858

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
DR Edward Farmlett  
Mailing Address 33 Round Bay Rd

City State Zip Code  
Laconia NH 03246-2650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seacoast Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672861

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Joseph Mersol  
Mailing Address 418 30th St.

City State Zip Code  
Oakland CA 94609-3013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliates in Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18672862

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR Epifanio Militar, JR<br>Mailing Address 534 Mohawk Drive<br>City Fonda State NY Zip Code 12068-5507<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Self-Employed<br>Occupation Diagnostic Radiologist<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                                 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 2 5 / 2 0 0 7<br><b>Transaction ID: 18675783</b><br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR David Yeh<br>Mailing Address Edward Hospital<br>801 S Washington St<br>City Naperville State IL Zip Code 60540-7499<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Mayerville Radiologists, S.C.<br>Occupation Diagnostic Radiologist<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 2 5 / 2 0 0 7<br><b>Transaction ID: 18675784</b><br>Amount of Each Receipt this Period<br>500.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR John Benson<br>Mailing Address Mt Desert Island Hospital<br>10 Wayman Ln<br>City Bar Harbor State ME Zip Code 04609-1645<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Coastal Radiology<br>Occupation Diagnostic Radiologist<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00        |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 2 5 / 2 0 0 7<br><b>Transaction ID: 18675791</b><br>Amount of Each Receipt this Period<br>500.00 |

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Alan Mitchell

Mailing Address 800 Ross Ave

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Gillette | WY    | 82716-4764 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18675792

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

DR Gary Griffin

Mailing Address 30 Wilson Pond Rd

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Harwinton | CT    | 06791-2813 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Torrington Radiologists,  
P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18675794

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Joseph Painter

Mailing Address 130 Hillsdale St.

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Hillsdale | MI    | 49242-1210 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology of South Central  
MichiganOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18675811

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR John McGue

Mailing Address 3768 W Pawnee Dr

City

LaPorte

State

IN

Zip Code

46350-7954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LaPorte Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18675812

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Richard Pitman

Mailing Address 4161 S Summit Ln

City

Columbus

State

IN

Zip Code

47201-8955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Regional Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18675813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Matthew Kalman

Mailing Address 317 Chalk Hill Dr

City

Baltimore

State

MD

Zip Code

21208-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: 18675815

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Douglas Wester, JR

Mailing Address Radiology of Huntsville  
2006 Franklin St SE Ste 200

City State Zip Code  
Huntsville AL 35801-4537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
Huntsville

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 7

Transaction ID: 18697266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Christopher McManus

Mailing Address 304 Spaulding Farm Rd

City State Zip Code  
Greenville SC 29615-6025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wake Forest Univ School  
of Med

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 7

Transaction ID: 18697267

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR David Buck

Mailing Address 144 Penhurst Dr

City State Zip Code  
Pittsburgh PA 15235-5320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greensburg X-Ray Associat-  
es

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 7

Transaction ID: 18697271

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 128

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Michael DeVenny

Mailing Address 3090 Yorktown Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
The Radiology Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18697275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Bill WarrenMailing Address UWMC  
Box 357115

City

Seattle

State

WA

Zip Code

98195-7115

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18697276

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR William Herrington

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Athens Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18697278

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DR John Lohnes, JR<br>Mailing Address Wichita Radiological Group PA<br>PO Box 8903<br>City State Zip Code<br>Wichita KS 67208-0903<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>Wichita Radiological Group PA Diagnostic Radiologist<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 9 / 2 0 0 7<br><b>Transaction ID: 18697279</b><br>Amount of Each Receipt this Period<br>250.00 |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DR Shane Kraske<br>Mailing Address 37 Columbine Ct<br>City State Zip Code<br>Iowa City IA 52246-8716<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>Radiologic Medical Services, Coralville Diagnostic Radiologist<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00                      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 9 / 2 0 0 7<br><b>Transaction ID: 18697280</b><br>Amount of Each Receipt this Period<br>250.00 |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DR William Powlis<br>Mailing Address Crozer Chester Medical Center<br>1 Medical Center Blvd<br>City State Zip Code<br>Upland PA 19013-3995<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>Southeast Radiology Ltd. Radiation Oncologist<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 9 / 2 0 0 7<br><b>Transaction ID: 18697283</b><br>Amount of Each Receipt this Period<br>250.00 |

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Curtis Poor

Mailing Address 2415 Eagle Cir

City State Zip Code  
Bettendorf IA 52722-6202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Group PC SC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 7

Transaction ID: 18697285

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Valerie Jackson

Mailing Address Indiana University Sch of Med  
550 University Blvd

City State Zip Code  
Indianapolis IN 46202-5149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana University Sch of  
Med

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18700897

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Glenn Strome

Mailing Address 359 Diamond St

City State Zip Code  
San Francisco CA 94114-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chattanooga Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18700898

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Hector Ramirez, JR

Mailing Address 7179 SE 94th Ln

City State Zip Code  
 Ocala FL 34472-9245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology of Huntsville,  
PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 0 / 2 0 0 7

Transaction ID: 18700899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Lorraine Vazquez de Corral

Mailing Address La Colina Calle St B23

City State Zip Code  
 Guaynabo PR 00969-3202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors' Center Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 0 / 2 0 0 7

Transaction ID: 18701097

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Rudy VanHemert

Mailing Address 74 Sologne Cir

City State Zip Code  
 Little Rock AR 72223-8914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Arkansas

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 0 / 2 0 0 7

Transaction ID: 18701098

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 128

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR David Magarik

Mailing Address 161 Cheifton Pl

City State Zip Code  
Winchester VA 22602-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18701099

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR David Hassell

Mailing Address Radiology Associates of Mobile  
6576 Airport Blvd Bldg C Ste 2

City State Zip Code  
Mobile AL 36608-3786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
MobileOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18701100

Amount of Each Receipt this Period

365.00

**C.** Full Name (Last, First, Middle Initial)  
DR Anthony DeRaimo

Mailing Address Pensacola Radiology Consult  
PO Box 9210

City State Zip Code  
Pensacola FL 32513-9210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pensacola Radiology Consu-  
ltOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 7 |

Transaction ID: 18701101

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR John Selby, JR

Mailing Address MUSC/Box 250322  
169 Ashley Ave

City Charleston State SC Zip Code 29403-5836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical University of South Carolina

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18701102

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Douglas Sheft

Mailing Address 11 Corte Palos Verdes

City Tiburon State CA Zip Code 94920-2013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Area Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18701104

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Tushar Kothari

Mailing Address 2213 Parkrun Ct

City Hebron State KY Zip Code 41048-8762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of NO. KY

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18701105

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 128

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Daniel Cohen  
Mailing Address 1480 Brookfield Road

City State Zip Code  
Yardley PA 19067-3930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Affiliates of  
Central NJ

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18701190

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Joel Swartz  
Mailing Address 1210 Page Ter

City State Zip Code  
Villanova PA 19085-2132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 18701225

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
DR John Thomas  
Mailing Address 4 Vineyard Dr

City State Zip Code  
San Antonio TX 78257-1235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: 18815382

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

183440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 128

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1067.84

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 7

Transaction ID: 18987079

Amount of Each Receipt this Period

1067.84

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

1067.84

**TOTAL** This Period (last page this line number only) .....

1067.84

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 128

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends of Senator Rockefeller

Mailing Address PO Box 1909

City  
Charleston

State  
WV

Zip Code  
25327

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Jay Rockefeller

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 2

Transaction ID: 18382235

Date of Disbursement

01 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Rick Renzi For Congress

Mailing Address P.O. Box 2383

City  
Prescott

State  
AZ

Zip Code  
86302

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Rick Renzi

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 1

Transaction ID: 18240536

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Becerra For Congress

Mailing Address P.O. Box 261060

City  
Los Angeles

State  
CA

Zip Code  
90026

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Xavier Becerra

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 18396562

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 128

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends Of Joe Pitts

Mailing Address PO Box 775

City  
Unionville

State  
PA

Zip Code  
19375

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Joseph R. Pitts

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 18345678

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Bud Cramer

Mailing Address P.O. Box 2621

City  
Huntsville

State  
AL

Zip Code  
35804

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Robert E. Cramer, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 5

Transaction ID: 18382239

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Mchenry For Congress

Mailing Address PO Box 1406

City  
Hickory

State  
NC

Zip Code  
28601

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Patrick McHenry

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: 18382237

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

14000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
bank fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 18988005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1791.52

bank fees

**SUBTOTAL** of Disbursements This Page (optional) .....

1791.52

**TOTAL** This Period (last page this line number only) .....

1791.52